Lumpkin County Environmental Health

Well Water Test Application

Owner's Name:				Dat	Date:		
	Last	First					
Owner's Current Mailing	(number)	(street)			(apt/suite)		
Address	(city)			(state)	(zipcode)		
Phone:			Email				
PROPERTY AL	ODRESS: (house #)	(street)		(city)		(zipcode)	
Reason for W	/ater Test Request:						
Are there agg	gressive animals outside?	Yes No [Do we need to meet to get th	nis water sample?	Yes No	_	
Is there an ac	cessible outside metal spi	got? Yes No H	Has the well been treated fo	r bacteria recently?	Yes No	_	
			outside of the well? Yes				
Have you had	d any issues with the well o	or work done to it?					
	any filters (sediment or ot rill need to discuss a way t		s on your water system? Ye se get a water sample.	es No			
Directions to from our of							
	**	You must include pa	ayment with this appli	cation. **			
Signature	. .			Date	۵٠		